

OH-39-05



ecology and environment, inc.

223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415

International Specialists in the Environmental Sciences

DATE: August 20, 1980
TO: Joe Petrilli
FROM: Jerome D. Oskvarek *JDO*
SUBJECT: Ohio/Eckhardt Report
City Dump-City of Lorain, Lorain County

US EPA RECORDS CENTER REGION 5



467711

A review of pertinent file information and a previously prepared Preliminary Assessment form (USEPA Form T2070-2) which was completed by the Ohio EPA, has been accomplished for the subject site. This site was listed in the Eckhardt Report, and has been researched pursuant to TDD# F5-8008-3.

In reviewing and updating the OEPA completed Preliminary Assessment, it is our opinion, based on the information, that a low priority ranking be given to the site. This ranking is based on the following factors:

1. The site was closed on January 1, 1976.
2. State inspected site on August 1, 1979 for compliance with Statues governing the closure of landfills. The site was in compliance at that time.
3. No reported health or illness problems.

On the basis of this information, no further action is required, but, the following recommendation is made.

1. The site be monitored on a regular basis by state and local agencies, with particular attention payed to leachate, since the Black River, southern boundary of site, could be contaminated. Contamination of surface water is more probable than groundwater since there is 20 ft. of clay below site which does not drain rapidly.

JDO/ct

cc: Tom Yeates



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

5

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>City Dump - City of Lorain</i>		B. STREET (or other identifier) <i>Foot of Root Road</i>	
C. CITY <i>Lorain</i>	D. STATE <i>Ohio</i>	E. ZIP CODE <i>44052</i>	F. COUNTY NAME <i>Lorain</i>
G. OWNER/OPERATOR (If known) 1. NAME <i>Limited States Steel Company / City of Lorain (Lorain City landfill SW 47-1)</i>		2. TELEPHONE NUMBER <i>216-277-2000</i>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

licensed landfill from 1964-1975, grandfathered site, trench & area fill

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

Eckhardt report

K. DATE IDENTIFIED
(mo., day, & yr.)

10-15-79

L. PRINCIPAL STATE CONTACT

1. NAME

Don Day

2. TELEPHONE NUMBER

614-466-8934

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:☐ 3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☒ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

Debrah J. Berg

2. TELEPHONE NUMBER

216-425-9171

3. DATE (mo., day, & yr.)

1-7-80

III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☒ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

200

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

41° 27' 30"

2. LONGITUDE (deg.-min.-sec.)

82° 8' 13"

E. ARE THERE BUILDINGS ON THE SITE?

☒ 1. NO☐ 2. YES (specify):

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

no

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT <i>unknown</i>	AMOUNT	AMOUNT	AMOUNT <i>unknown</i>	AMOUNT	AMOUNT <i>unknown</i>
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify): <i>Sewage sludge</i>			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify): <i>Commercial</i>
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify): <i>unknowns</i>		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

B.F. GOODRICH NOTIFIED THE OHIO EPA ON MAY 6, 1980, THAT THE FOLLOWING WASTES WERE SENT TO THE LORAIN CITY DUMP: 1) 29,586 LBS OF PVC RESIN IN 1974-1975; 2) 516 LBS OF ELASTOMERS DURING 1974-1975; AND 3) 1,180 LBS OF RIGID PVC DURING 1974-1975

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

located on edge of Black River; when operating had history of fires

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	VERY LOW X			ON 20 FT OF CLAY, GREATER POSSIBILITY OF SURFACE RUNOFF INTO BLACK RIVER
8. CONTAMINATION OF SURFACE WATER	X			IN THE BLACK RIVER
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☒ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☒ B. YES (summarize below)

site closed 1-1-76.

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
<i>inspection</i>	<i>8-1-79</i>	<i>Ohio EPA</i>	<i>final closure requirements</i>

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)

V

OH-000010219

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME CITY DUMP (LAIDLAW AVENUE DUMP)		B. STREET (or other Identifier) LAIDLAW AVENUE	
C. CITY CINCINNATI	D. STATE OHIO	E. ZIP CODE 45217	F. COUNTY NAME HAMILTON
G. OWNER/OPERATOR (If known) 1. NAME PROCTOR AND GAMBLE CO.		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION COMPANY DEPOSITED WASTE PRODUCTS WHICH INCLUDED POWDER AND LIQUIDS, FLY ASH, AND DEMOLITION. FROM 1973-1979 FILLED WITH ONLY DEMOLITION.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) ECKHARDT REPORT			K. DATE IDENTIFIED (mo., day, & yr.) 10/15/79
L. PRINCIPAL STATE CONTACT 1. NAME DON OAY		2. TELEPHONE NUMBER (614) 466-8934	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (work order) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME DON MARSHALL		2. TELEPHONE NUMBER (513) 461-4670	3. DATE (mo., day, & yr.) 6/11/80
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) APP. 12 ACRES	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

IV. CHARACTERIZATION OF SITE ACTIVITIES

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X'	A. TRANSPORTER	X'	B. STORER	X'	C. TREATER	X'	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

SITE WAS USED AS LANDFILL PRIOR TO 1960, BUT NO INFORMATION COULD BE FOUND AS TO WHO WAS USING SITE AND WHAT WAS BEING DISPOSED OF THERE. FROM 1960-1973 SITE WAS USED EXCLUSIVELY BY PROCTOR + GAMBLE TO DISPOSE OF OFF SPEC PRODUCTS, POWDERS AND LIQUIDS, DEMOLITION, ASBESTOS, PALLETS AND LIQUID RESIDUES FROM DISTILLATION OF GLYCERINE WHICH WAS DISPOSED OF IN A SHALLOW LAGOON ABOUT 7' BY 300' ON SITE.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

NO

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X (6) OTHER (specify):	
			(7) PHENOLS	OFF SPEC POWDERS (SCAPS & DETERGENTS)	
			(8) HALOGENS	OFF SPEC LIQUIDS (SCAPS & DETERGENTS)	
			(9) PCB	DEMOLITION PLASTIC & GLASS BOTTLES	
			(10) METALS	SCRAP METAL	
			X (11) OTHER (specify):		
			LIQUID RESIDUES FROM DISTILLATION OF GLYCERINE		

WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

MAY HAVE TAKEN QUANTITIES OF UNKNOWN INDUSTRIAL LIQUIDS AND SLUDGES.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

IN 1973 SITE CLOSED TO SOLID WASTE AS DEFINED BY OHIO REVISED CODE. SITE WAS COVERED AND LAGOON FILLED IN. FROM 1973 SITE WAS FILLED WITH STRICTLY DEMOLITION UNTIL COMPLETELY FILLED IN 1979.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. *SITE OPERATED BEFORE PERMITS REQUIRED IN 1969*

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): *SOLID WASTE DISPOSAL LICENSE FROM 1970-1973*
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): *SITE CLOSED*

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.